

1.) CORPORATION NAME:

SAGAMORE INSURANCE COMPANY

DUE DATE: **12/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
THOMAS BELL
THE VIRGINIA BLDG
23 N CENTRAL AVE**

SCC ID NO: **F1199332**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

STAUNTON, VA 24401

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAUNTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1099 NORTH MERIDIAN ST.

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RODGER ANTHONY COTTRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1099 NORTH MERIDIAN ST.		
CITY/ST/ZIP/CO:	INDIANAPOLIS, TN 46204-		
NAME:	CRAIG C MORFAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1049 NORTH MERIDIAN ST		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-		
NAME:	THOMAS WESLEY THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREAS/VP		
ADDRESS:	1099 NORTH MERIDIAN ST.		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-		
NAME:	MICHAEL JAMES CASE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GEN COUN/SEC		
ADDRESS:	1099 N MERIDIAN ST		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-		
NAME:	GARY MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO/DIR		
ADDRESS:	109 NORTH MERIDIAN STREET		
CITY/ST/ZIP/CO:	STE 700 INDIANAPOLIS, IN 46204-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH J. DEVITO PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. PATRICK CORYDON VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK L. BONINI VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON GOSHEN ASST TREASURER 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIE L. LAREAU VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E. MITCHELL VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D. ISHAM VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL JAMES CASE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL JAMES CASE, GEN COUN/SEC PRINTED NAME AND CORPORATE TITLE	1/24/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			